

**VIRGINIA DEPARTMENT OF MINORITY BUSINESS ENTERPRISE
RE-CERTIFICATION APPLICATION FORM**

Company's Full Legal Name _____

Name of Principal Owner(s) _____

Federal Tax ID Number _____ DUNS Number _____

Mailing & Physical Address _____

City State Zip Code

() Telephone Number () Fax Number E-Mail Address

Please indicate here if your firm's name or address has changed since your last application ☐ Yes ☐ No

Have there been any significant changes in the following critical operational areas since the submission of your last application? (If you answer yes to any of the questions, please provide appropriate documentation or explain on a separate sheet of paper.)

- | | | |
|-----|---|--|
| 1. | Changes in organizational structure
(Corporation, Partnership, Limited Liability Company, Sole Proprietorship) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Ownership & Control | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | Corporate Bylaws | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. | Directors/Officers/Partners | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. | Nature of Firm's Work | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. | Gain, loss or access to equipment that may negatively or positively impact on
Your firm's ability to perform | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. | Hiring/firing of key employees | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. | Duties of owners | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. | Necessary Licenses suspended or revoked | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. | Reassignment of signature authority (banks, contracts) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. | Any changes in the type of product/service your firm provides? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If Yes, please explain: _____

(Over)

Debarment Certification: The undersigned certifies that information supplied herein is correct and that neither the applicant nor any principal or officer so far as known is now debarred or otherwise declared ineligible by any agency of the Commonwealth of Virginia from making offers for furnishing materials, supplies, or services to the Commonwealth of Virginia or any agency thereof. The undersigned do solemnly declare and affirm under the penalties of perjury that the contents of the forgoing statements are true and correct and include all information necessary to identify and explain the operation of:

Name of Firm:

as well as the ownership thereof. The undersigned also swears or affirms that the above-mentioned firm is a bonafide small, woman or minority business that is owned and controlled by one or more qualified person(s) who exercise independent day-to day management as reported at the time of initial certification.

The undersigned agrees to notify the Virginia Department of Minority Business Enterprise within 30 days of any change in the ownership, control, management, or status as an on-going woman or minority business concern.

By signing and submitting this certification application the undersigned agrees to expeditiously submit any additional documentation (e.g.; tax returns [State and Federal], equipment lease agreements, real estate lease agreements, etc.) deemed necessary to support the initial and/or continuous certification of the above named firm.

The undersigned understands that any material misrepresentation or failure to notify the Department of Minority Business Enterprise of changes as stipulated above will be grounds for denial or revocation of certification and initiation of action under Federal or State laws concerning falsely sworn statements.

Any company seeking re-certification with the Commonwealth's Department of Minority Business Enterprise must execute a notarized affidavit stating this business is owned and controlled by a minority group member(s) or women and understands that additional information may be requested.

Signature of Authorized Official

Date

Printed Name and Title

NOTARY

City/County of:	State:
Notary Public:	When does Commission Expire?

Subscribed and Sworn before me this ____ day of _____, 20 ____.

Notary seal